## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobbyist(s)R	obert L. Best		
II. Name of lobbyist's partnershi	p, firm or corporation, if a	any:	
Sulloway & Hollis, P.L	.L.C.		
	ip, firm or corporation)		
9 Capitol Street	Concord	New Hampshire	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) <u>224-2341</u> (Telephone)	(603) <u>226-2404</u> (Fax	e-mail_rbest@sullo	way.com
III. This statement covers: (Choo reportable expense transactions v		orts for each client, OR you may fi to any one client).	ile a separate report for
All reportable transactions occu	urring in the months prior to	the reporting date relative to the fo	llowing client:
New Hampshire I			
(Full Name of	of Client as it appears on the L	obbyist Registration Form)	
<del></del>	e lobbyist (including the lo	bbyist's family), or the lobbying fire	m listed below which are
IV. Date of Report April 26, 2 Reports cover: activity from date of	2017 of registration to 3/31/17	July 26, 2017 [] activity from 4/1/17 to 6/30/17	
October 2. activity from	5, 2017 [ <sup>**</sup> ] 7/1/17 to 9/30/17	January 31, 2018   X activity from 10/1/17 to 12/31/17	
		e transactions made since the life Secretary of State's Office, State	
VI. Check if additional reports as	re attached:		
•		file Addendum A- Fees and Exper	ises
<ul> <li>If you have paid an honorariun Expense Reimbursement</li> </ul>	or reimbursed expenses, y	ou must file <b>Addendum B</b> Report	of Honorariums or
If you, your firm, or your famil	y has made political contrib	outions, you must file Addendum (	C- Political Contribution
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno	SA 14-C and RSA 664 and I	hereby swear or affirm that the fore	
(Signature of lobbyist)		1 22 18 (Date)	
		(Date)	
Robert L. Best (Print Name of lobbyist)			